

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90008 002 \*\*\*150.00  
 01-14-2000 90045 017 \*\*\*150.00

**DOCUMENT # P95000013960**

1. Entity Name  
**NOBIS PHARMACY, INC.**

Principal Place of Business  
 9953 PINES BLVD.  
 PEMBROKE PINES FL 33024  
 US

Mailing Address  
 P O BOX 170332  
 HIALEAH FL 33017

**80067831**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0557544**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHUCK MOGBO, P.A.**  
**SUITE 124**  
**2331 N STATE RD 7**  
**LAUDERHILL FL 33313**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>P</b> <b>IZUNOBI, CELESTINE O</b> <b>P.O. BOX 170332 N/A</b> <b>HIALEAH FL 33017-0332</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *(Signature)* **7/6/00** **(305)652-9600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PG5000013960

A20607831

FL Dept of State  
Division of Corps.

**NOBIS PHARMACY**  
P.O. BOX 170332  
HIALEAH FL 33017-0332

Dear Katherine Harris,

7/7/00

I picked up this notice today with the penalty already assessed. I never received the first notice and therefore it will not be just for me to pay a penalty.

I am hereby enclosing a check for \$150.00

Thanks in advance for your cooperation and understanding in this matter.

Sincerely,

Celestine IZUNOBI

for NOBIS Pharmacy  
P.O. BOX 170332  
HIALEAH FL 33017-0332

AC 600N 7000  
A 1000  
100 0000000